. S. No. 2
9M—8-43
v. 5-17-39
X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15559

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4336

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1323a Wyoming
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1323a Wyoming
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ---------

3. (a) PRINT FULL NAME Mrs. Ella Schindler

3. (b) If veteran, name war ----

3. (c) Social Security No. -----

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William J. Schindler

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased August (Month) 17, (Day) 1875 (Year)

8. AGE: Years 69 Months 8 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business -------

FATHER
12. Name Mr. Fred Scheiffelen
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mrs. Julia Hohler
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Frederick Schindler
(b) Address 1323a Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Luth. Cem.

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) MAY 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13, year 1945 hour 4: minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 11 1944 to May 13 1945 that I last saw her alive on May 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
—
While at work? — (Specify type of place) (e) Means of injury —

23. Signature Carl E. Moeller (M. D. or other)
Address 3537 S. Jefferson Date signed 5/14/45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.